

Addendum to First Steps Policy & Procedure Manual
Relates to: X Records and 911 KAR 2:120 Section 1 (8)(a)
III Evaluation and Eligibility 911 KAR 2:120 Section 1 (10)(a)(8) and
Section 2 (4)(b)

Rev. December 16, 2005

First Steps Developmental Status Scale
(DRS per regulation)

“In accordance with KRS 200.664(7), in order to determine continuing program eligibility and the effectiveness of services provided to the child, a developmental status ranking by developmental domain shall be assigned in the progress review report by each therapeutic interventionist using the developmental status scale.”

Beginning on January 19, 2005, within the report of any Primary Level Evaluation or Initial Five-Area Assessment, single area assessment, and subsequent Progress Reports that a provider of therapeutic intervention prepares prior to an IFSP Review, as well as within any Discharge Summary report there must be a section that addresses **Current Developmental Status** for each of the five areas (Cognitive, Motor, Communication, Social/Emotional, Adaptive) that has been initially evaluated or assessed by a Primary Level Evaluator or addressed in outcomes by an intervention provider. Additionally, the developmental status section must also provide written justification for the developmental status that has been assigned.

Delay will be ranked on a four-point scale from 0 to 3 with

0 = child has no needs; child has developmentally appropriate skills for that area

1 = child has a few needs; child is slightly behind same age peers for that area

2 = child has several needs; child is markedly behind same age peers for that area

3 = child has many needs; child is significantly behind same age peers for that area

Note, adjustments will be made for pre-maturity per 911 KAR 2:120 Section 2 (5)(a)(b)

The evaluator or therapeutic interventionist will assign a developmental status ranking based on informed clinical judgment, the child's response to the therapeutic intervention provided over the previous period, any formal or informal testing appropriate for the domain(s) that was administered, observation, and/or parent/caregiver report. The use of standardized test instruments in this process is recommended. **Therefore, if one is not used in this process, the report will contain a justification for excluding standardized measures along with an explanation justifying the ranking that was assigned.** Appropriate test instruments to obtain valid scores may include, **but are not limited to:** Peabody Developmental Motor Scales, Second Edition (PDMS-2); Mullen Scale of Early Learning (MSEL); Batelle Developmental Inventory II(BDI-II); Vineland Adaptive Behavior Scales (VABS); Bayley Scales of Infant Development (BSID-III); Rossetti Infant-Toddler Language Scale; Preschool Language Scale IV (PLS-IV). The person administering these tests will comply with the publisher's standards of use.

While the therapeutic interventionist will assign the developmental status based on their testing, observations and professional informed clinical judgment; the following can serve as

informal guidelines that the interventionist may choose to use in their decision-making process. As always, adjustments for pre-maturity should be made per regulation.

- The “0 = no delay” category would represent those children who score within normal limits on any test instrument appropriate for that area; or who have demonstrated age appropriate developmental milestones in that area.
- The “1 = few needs/concerns” category would represent those children who score from more than 1 up to and including 1.5 standard deviations below the mean on testing.
- The “2 = several needs/concerns” category would represent those children who score from more than 1.5 up to and including 2.0 standard deviations below the mean on testing.
- The “3 = many needs/concerns” category would represent those children who score more than 2 standard deviations below the mean on testing. This would also include those children whose pattern of development is significantly different than what would normally be expected.

While the categories listed above rely heavily on standard scores, it is also recognized that additional factors (e.g. muscle tone; quality of movement; oral-motor functioning; sensory processing; attention/impulsivity; atypical phonology, etc.), **may** impact developmental status and should be reflected in the written rationale for the status assigned within the report.

Continuing program eligibility will be determined at each IFSP review using the Developmental Status Scale. A child will continue to be eligible if he/she has a score of 1 or above in any area.

In addition to reporting on current status, if the child has been receiving therapeutic intervention, the interventionist must also report a **Progress Status**, which compares the current status to the previous status. The Progress Status measures overall developmental progress for that domain, not just progress on the specific outcomes on the IFSP.

Progress status for each domain will be ranked on a three-point scale with
a = age appropriate, child has reached or maintained functioning at level of same-aged peers
b = shows an improvement, child has improved functioning since last rating (but has not yet reached age appropriate level)
c = no improvement, child did not improve functioning since last rating

How the Service Coordinator will record/report data:

There will be a table on a CBIS form that lists the areas and has cells to record the current status and the progress status. Initial evaluation reports will only have current status. Therapy Progress Reports will have **Current Status** and **Progress Status**. The Service Coordinator will get the current status and/or progress status ratings from the evaluation, assessment, progress report or discharge summary and record those in the appropriate cell. If there is no ranking for a domain because there is no therapeutic intervention in that domain, the PSC will record a number “9” in that space. The IFSP team shall then determine the progress status (a, b, or c) for all domains which were ranked “9” using their collective informed clinical opinions, knowledge of the child and knowledge of typical child development. There should be no empty cells in the table; each current status cell should have a number (0 – 3 or 9) in it and each progress status cell should have a letter (a, b or c) in it. Continued eligibility will be recorded by checking “Eligible with Established Risk” if that

applies or “Currently enrolled with continued developmental delay” on the Child Eligibility Status section of the CBIS form.

If more than one interventionist is working in the same developmental domain and they have **not** assigned the same number rank in that domain or the same progress status letter in their progress report, the PSC will meet/talk with the interventionists and bring them to consensus about a single ranking in each area – there can be only one number or letter in each cell for each domain.

Developmental Status Scale

Developmental Area	Current Status	Progress Status
Cognitive		
Adaptive		
Motor		
Communication		
Social/Emotional		

Continued Eligibility: ___yes ___no

IFSP Outcome Measures/Family Review of Progress

A second and separate measure of program services effectiveness and child progress will be a study of IFSP outcomes. Shortly before or at each review and annual IFSP meeting, the PSC and family will complete the “Family Review” section on each Outcome page of the **EXPIRING IFSP**. The family will date and initial the statement that best describes the status of progress on that particular outcome. The choices are:

1. No longer a Need (but need not met)
2. Worse
3. Unchanged; Still a need
4. Partially Met; Still a need
5. Need Met

The PSC will record those choices on a section of a CBIS form titled “Outcome Progress Measure”. The PSC will record the Outcome number and the Rating of 1 – 5 that was assigned to that outcome by the family. The effective dates (begin and end dates) of the **expiring** IFSP on which the ratings occurred will also be recorded. (Do not record the dates of the IFSP that is just beginning in that area.)

Outcome Progress Measure

Outcome Number	Rating (1 – 5)	IFSP Begin Date (mm/dd/yyyy)	IFSP End Date (mm/dd/yyyy)